See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division

1	UNIFORM HAZARDOUS 1. Generator's US EPA ID No. NO. CAD 006 905 558 Doc	lanifest ument No.	2. F		ation in the shaded areas required by Federal law.	
1	3. Ge r's Name and Mailing Address A. State Manifest Document I				The state of the s	
	6_00 SAN FERNANDO ROAD., GLENDALE, CA 9120	R Ste	88684606 B. State Generator's ID			
12	4. Generator's Phone (818) 244-6571	B. State delierator's by				
	5. Transpor r 1 Company Name 6. US EPA ID Number	C. State Transporter's ID //0237				
	OMEGA RECOVERY SERVICES CAD 042 245 00 27. Transporter 2 Company Name 8. US EPA ID Number	THE PROPERTY OF	D. Transporter's Phone 213 698-099 E. State Transporter's ID			
		F. Transporter's Phone G. State Facility's ID CAPO(1)212H5001. H. Facility's Phone				
	9. Designated Facility Nam. 5 d Site Address 10. US EPA ID Number OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD					
	WHITTIER, CA 90602 CAD 042 245 004 213				0991	
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Cont	Type	13. Total Quantity	14. I. Unit Waste No. Wt/Vol	
G E	WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID, NA 1263 (PAINT, TOLUENE, ACETONE)		DM	X	State 461 EPA/Other	
N	b.	aal	<u> </u>	DIGORS	F005	
A T					EPA/Other	
o R	c.		1	LLLL		
			İ	1	State	
					EPA/Other	
	d.				State	
		1.1			EPA/Other	
	J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes a. b.				Wastes Listed Above	
			<i>O</i> 1,			
			C.		d.	
į.	15. Special Handling Instructions and Additional Information					
*	PROFILE NUMBER B 10841					
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
1	Printed/Typed Name Signature MANUE	l. Go	NZ	ALES	Month Day (
RA	77. Fransporter 1 Acknowledgement of Acceipt of Materials Printed/Typed Name Signature	011	17		Month Day Y	
2000	18. Transporter 2 Acknowledgement of Receipt of Materials		<u>C</u>		0301519	
RTE	Printed/Typed Name Signature	/			Month Day	
R_	19. Discrepancy Indication Space					
FACI						
L	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Ϋ́Υ	Printed/Typed Name Signature	2 1		1 8	Month Day Y	
	N. JAY SOLOMON,	1. ()	w	boloms	193057	

DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

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To: P.O. Box 3000, Sacramento, CA 95812